



PURCHASE AGREEMENT

Part I: Purchasing Facility Information

Name of Facility: _____

Address (no PO Box): _____

City, State, Zip, County: _____

Number/Type Licensed Beds: _____ ☐ RCF (check RCF for residential care facility or ICF/SNF for intermediate care and skilled nursing facility)
☐ ICF/SNF

Owner(s): _____

Operator(s): _____

Part II: Selling Facility Information

Name of Facility: _____

Address (no PO Box): _____

City, State, Zip, County: _____

Number/Type Licensed Beds: _____ ☐ RCF (check RCF for residential care facility or ICF/SNF for intermediate care and skilled nursing facility)
☐ ICF/SNF

Owner(s): _____

Operator(s): _____

Part III: Value of Consideration

Monetary Value of Purchase: \$_____ No./Type Beds: _____

Terms of Purchase: _____
(add more pages as necessary to describe the sale)

Part IV: Certification of Information

☐ Yes ☐ No The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature: _____

Title/Date: _____

Seller(s) Signature(s): Owner(s): _____

Operator(s): _____

Title/Date: _____